

Office of the County Clerk

MONROE COUNTY, NEW YORK

CRIMINAL HISTORY CHECK REQUEST

Please print: NAME	DI PACE CHECK ONE
ADDRESS	PLEASE CHECK ONE: ADDRESS IS INSIDE CITY LIMITS ADDRESS IS OUTSIDE CITY LIMITS
CITY, STATE ZIP	ADDRESS IS OUTSIDE CITY LIMITS ADDRESS CANNOT BE A PO BOX
	s designation as an alternate state under the "Brady Act", each licensee on for a criminal history check, every 5 years, prior to the addition of any stol permit.
will be completed by law enforcement	licensee to the Monroe County Clerk's Office. The criminal history check ent and this form will be returned to the licensee to be retained in their with an asterisk (*) above is optional.
This "Brady Check" does not take th	ne place of the NYS Recertification Requirement.
FAILURE TO FILL OUT THE	E FORM COMPLETELY AND LEGIBLY WILL DELAY THE PROCESSING
Carry # This is NOT your NYSID numb	Original issue date of license://
Social Security #	
Telephone #	Race* Gender M / F
I attest that the information provide	ed is true and correct.
Signature of Applicant	
LAW ENFORCEMENT AGENC	CY USE ONLY
Based on the available information, pistol permit.	, this licensee is eligible for the transfer of any firearm to the licensee's
Transfer of any firearm to this licen	nsee is delayed pending further investigation by a law enforcement agenc
NCIC	
Official Signature (IBM)	/